

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-042168

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 116 Primary Registration District No. 3020 Registrar's No. 232

STATE FILE NUMBER

1. PLACE OF DEATH
a. COUNTY Franklin

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Washington Length of stay in lb
3 days

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION St. Francis Hospital Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Warren

c. CITY OR TOWN Warrenton Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location) E. Oak Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Middle Last
Nathaniel Edward Alcorn

4. DATE OF DEATH Month Day Year
Nov. 11, 1962

5. SEX
Male

6. COLOR OR RACE
White

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH 9-10-1888 9. AGE (last birthday) 74

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Farmer

10b. KIND OF BUSINESS OR INDUSTRY
Own farm

11. BIRTHPLACE (City and state or country)
Annapolis, Mo.

12. CITIZEN OF WHAT COUNTRY
U.S.A.

13a. FATHER'S NAME
John W. Alcorn

13b. MOTHER'S MAIDEN NAME
Elizabeth Sutton

14. NAME OF HUSBAND OR WIFE
Gertrude Maples Alcorn

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
no

16. SOCIAL SECURITY NO.
[redacted]

17. INFORMANT Address
Mrs. N.E. Alcorn Warrenton, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Coronary occlusion, acute

INTERVAL BETWEEN ONSET AND DEATH
20 min.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Generalized arteriosclerosis with arteriosclerptic heart disease unknown

DUE TO (c) Cerebral vascular accident, recurrent "

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 6-25-56 to 11-11-62 and last saw ^{her} him alive on 11-1-62
Death occurred at 8:50 a. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)
[Signature]

22b. ADDRESS
Warrenton, Missouri

22c. DATE SIGNED
11-12-62

23a. BURIAL, CREMATION, REMOVAL (Specify)
Burial

23b. DATE
11-13-62

23c. NAME OF CEMETERY OR CREMATORY
City Cemetery

23d. LOCATION (City, town, or county) (State)
Warrenton, Mo.

24. FUNERAL DIRECTOR ADDRESS
F.W. Nieburg & Co., Warrenton, Mo.

25. DATE RECD. BY LOCAL REG.
11/12/62

26. REGISTRAR'S SIGNATURE
[Signature]

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

DATE AMENDED

VS 300
Rev. 4/59

10365

4080

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94201

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122-2

135-0

NOV 19 1962

DEC 17 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

John J. Hielburg

Licensed Embalmer No.

3897

P. O. Address

Warrenton, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

*Hermit received 11/17/62
J.H.H.
By J. Hielburg*